

**Work Order ID 144293**

Tuesday, April 12, 2016 10:25:14 AM

**\*144293\***

Page 1

Item ID: D350-604-041

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Rear Locker Extender

Start Date: 4/12/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/31/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

**DAS**

Approvals:

Process Plan:

**13**  
**9-89**Date: **APR 12 2016**

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

|              |              |             |             |  |  |  |             |  |                |
|--------------|--------------|-------------|-------------|--|--|--|-------------|--|----------------|
| Draw Nbr     | Revision Nbr |             |             |  |  |  |             |  |                |
| D2273        | L            |             | <b>DAS</b>  |  |  |  | <b>DAS</b>  |  |                |
| D350-604-041 | C            | <b>6</b>    | <b>9-89</b> |  |  |  | <b>21</b>   |  |                |
|              |              | <b>9-89</b> |             |  |  |  | <b>9-89</b> |  | <b>1670-04</b> |

100

Document Control

0.00

**\*100\***

DOCUMENT CONTROL

DC

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile and create labels per PPP D350-604-041  
CHG009**DAS****28****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89**

110

PURCHASING

0.00

**\*110\***

Purchasing

Memo

0.00

Purchasing

Issue P/O: **32014**

Description: D350-604-041 Rear locker extender.

Manufacture as per dwg D2273

Supplier: FDC Composites Inc.

Certification of Conformity and process sheet required.

\*\*\*EXTREME CARE MUST BE TAKEN TO PROTECT THE SURFACES OF  
THE REAR LOCKER. THE SURFACES MUST BE SMOOTH AND FREE  
FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR  
DENTS.\*\*\*

\*\*\*MUST BE WELL PACKAGE, IF NOT IT WILL BE REFUSE\*\*\*

**DAS****13****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89****9-89**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |                              |  |                                                                                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                              |  |                                                                                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  | Completed By                                                                                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  | Lead hand / Supervisor Approval Verification                                                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | QC / QA Coordinator Approval |  |                                                                                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |                              |  |                                                                                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |                              |  |                                                                                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |                              |  |                                                                                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |                              |  |                                                                                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |                              |  |                                                                                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |                              |  |                                                                                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |                              |  |                                                                                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |                              |  |                                                                                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |                              |  |                                                                                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |                              |  |                                                                                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                              |  |                                                                                                              |  |

**Work Order ID 144293**

Tuesday, April 12, 2016 10:25:14 AM

**\*144293\***

Page 2

Item ID: D350-604-041

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 4/12/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/31/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 120                            | Receive & Inspect for Damage & Mat'l Certs                                                        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   | Packaging                                                                                         |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Ensure a copy of Certification of Conformity and process sheet from Carbon-by-Design is attached. |                      |         |        |              |               |               |                  |                |
|                                | ***DO NOT STACK REAR LOCKERS OR ANYTHING ON THEM***                                               |                      |         |        |              |               |               |                  |                |
| 130                            | QC6- Inspect dimensions to drawing                                                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                | Check hole locations to template. DT 8824 Check process sheet and audit.                          |                      |         |        |              |               |               |                  |                |
|                                | FDCIA DAE 001-105                                                                                 |                      |         |        |              |               |               |                  |                |
| 140                            |                                                                                                   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                   |                      |         |        |              |               |               |                  |                |
| Small Fab                      | Memo                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Small Fab                      | 1- INSTALL DECALS AS PER DWG                                                                      |                      |         |        |              |               |               |                  |                |

IX 8016-9-27

XL

DAS  
16  
9-89

10/09/29

DAS  
28

9-89

OCT 12 2016



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <b>Completed By</b><br><div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"></div> <b>Lead hand / Supervisor Approval Verification</b><br><div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"></div> <b>QC / QA Coordinator Approval</b> |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                                                     |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |  |                                                                                                                                                     |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Positioned Wrong     |  |  |                                                                                                                                                     |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Outside Dimensions   |  |  |                                                                                                                                                     |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Over/Under tolerance |  |  |                                                                                                                                                     |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Part Incorrect       |  |  |                                                                                                                                                     |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Lost/Missing    |  |  |                                                                                                                                                     |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Part Moved           |  |  |                                                                                                                                                     |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing              |  |  |                                                                                                                                                     |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Misabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Finish               |  |  |                                                                                                                                                     |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Misread              |  |  |                                                                                                                                                     |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Turning Sequence     |  |  |                                                                                                                                                     |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |



**Work Order ID 144293**

Tuesday, April 12, 2016 10:25:14 AM

**\*144293\***

Page 4

Item ID: D350-604-041

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 4/12/2016 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 8/31/2016 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty     | Reject<br>Number  | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|-------------------|-------------------|----------------|
| 160                            | Packaging                                              | 0.00                 |         |        |              | 1             | DAS<br>28<br>9-89 | DAS<br>27<br>9-89 | OCT 12 2016    |
| <b>*160*</b>                   | Memo                                                   | 0.00                 |         |        |              |               |                   |                   |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-604-041 |                      |         |        |              |               |                   |                   |                |
| Packaging                      | Location: <u>Eg 108</u>                                |                      |         |        |              |               |                   |                   |                |
|                                | PPP Rev: _____                                         |                      |         |        |              |               |                   |                   |                |
| 170                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               | DAS<br>21<br>9-89 |                   | OCT 12 2016    |
| <b>*170*</b>                   | Memo                                                   | 0.00                 |         |        |              |               |                   |                   |                |
| QC                             |                                                        |                      |         |        |              |               |                   |                   |                |
| Quality Control                |                                                        |                      |         |        |              |               | DAS<br>21<br>9-89 |                   |                |

OCT 12 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | MRB (QSI042) Approval<br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | Completed By                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | Lead hand / Supervisor Approval Verification                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | QC / QA Coordinator Approval                                                                          |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                       |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                       |  |



# Picklist Print

Tuesday, April 12, 2016 10:25:13 AM

Page 1

Work Order ID: 144293

\*144293\*

Parent Item: D350-604-041

\*D350-604-041\*

Parent Item Name: Rear Locker Extender

Start Date: 4/12/2016

Required Date: 8/31/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R  
12.02.07 AS PER ECN12-521 DD verf:JLM IPP REV:S 12.04.04  
AS PER DWG REV.B DD VERF:EC IPP REV:T 13.09.12 as per  
CHG006/ECN13-616 DDVERF:JLM IPP REV:U 14.05.28 as per  
chg008/ecn14-563 DD verf:JLM IPP REV:V 15.03.13 remove cam lock and  
washerDD verf:JLM IPP REV:W 15.03.25 ECN15-545 DD VERF:JLM

| Component Item ID/<br>Item Name               | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status           |
|-----------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|------------------|
| D2268<br>*D2268*<br>Placard                   |                        | Manufactured  | No          |                     |                  | 140             | Each               | 36.0000        | 1           | 1               |               |                |                  |
|                                               |                        |               |             |                     |                  |                 |                    |                | **          |                 |               | OCT 04 2016    | DAS 27<br>6 9-89 |
|                                               |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |                  |
|                                               |                        |               |             | ST006               |                  |                 |                    | 36             |             |                 |               |                |                  |
|                                               |                        |               |             | 130951              |                  |                 |                    | 1              |             |                 |               |                |                  |
|                                               |                        |               |             | 132546              |                  |                 |                    | 11             |             |                 |               |                |                  |
|                                               |                        |               |             | 141996              |                  |                 |                    | 12             |             |                 |               |                |                  |
|                                               |                        |               |             | 143806              |                  |                 |                    | 12             |             |                 |               |                |                  |
| D2269<br>*D2269*<br>Placard                   |                        | Manufactured  | No          |                     |                  | 155             | Each               | 29.0000        | 1           | 1               |               |                |                  |
|                                               |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |                  |
|                                               |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |                  |
|                                               |                        |               |             | ST006               |                  |                 |                    | 29             |             |                 |               |                |                  |
|                                               |                        |               |             | 131139              |                  |                 |                    | 5              |             |                 |               |                |                  |
|                                               |                        |               |             | 135175              |                  |                 |                    | 12             |             |                 |               |                |                  |
|                                               |                        |               |             | 143807              |                  |                 |                    | 12             |             |                 |               |                |                  |
| D2728-1<br>*D2728-1*<br>Dart Logo Label Small |                        | Manufactured  | Yes         |                     |                  | 140             | Each               | 0.0000         | 1           | 1               |               |                |                  |
| D350-604-041P                                 |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1               |               |                |                  |
| *D350-604-041P*<br>Rear Locker Extender       |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                   |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                   |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                   |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                   |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                   |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | Completed By                                                                                                      |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |

| Root Cause         |                          |                       | FAULT CATEGORY           |                        |                          |                                   |                          |                       |                          |                      |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | <b>OTHER :</b>         |                          |                                   |                          |                       |                          |                      |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |

# Picklist Print

Tuesday, April 12, 2016 10:25:14 AM

Page 2

Work Order ID: 144293

**\*144293\***

Parent Item: D350-604-041

**\*D350-604-041\***

Parent Item Name: Rear Locker Extender

Start Date: 4/12/2016

Required Date: 8/31/2016

Start Qty: 1.00

Required Qty: 1.00

D5062-041

Manufactured No

155

Each

16.0000

1

1

**\*D5062-041\***

Bracket Assembly

\*\*

143457

OCT 11 2016

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST147

16

130525

14

131060

2

DAS  
28  
9-89



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |

TABLE 1

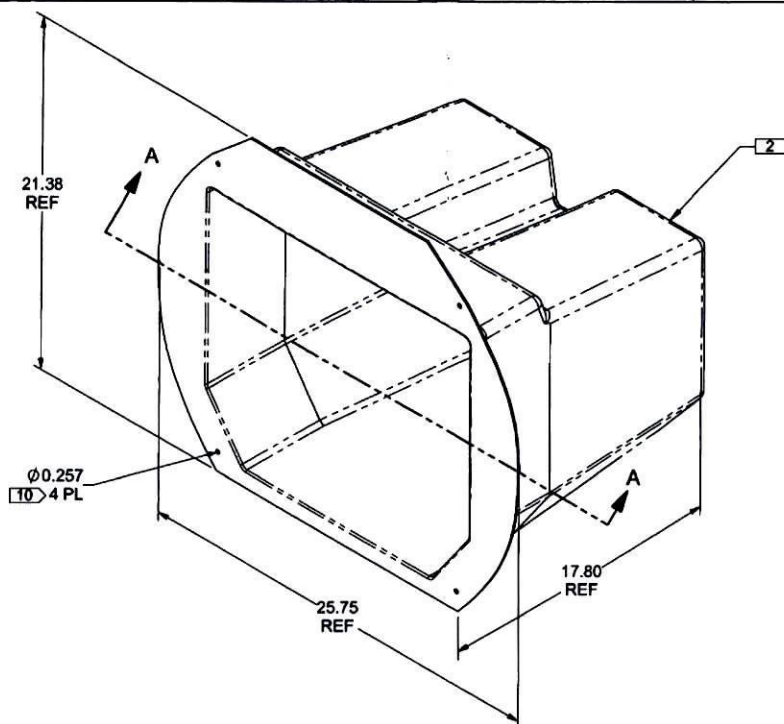
| POSITION | MATERIALS                 |
|----------|---------------------------|
| 1        | TOOL SURFACE              |
| 2        | GELCOAT                   |
| 3        | 3/4 oz CHOPPED STRAND MAT |
| 4        | 7725 FIBER GLASS          |
| 5        | 7725 FIBER GLASS          |
| 9        | 7725 FIBER GLASS          |
| 10       | PRIMER                    |

TABLE 2

| POSITION | MATERIALS                 |
|----------|---------------------------|
| 1        | TOOL SURFACE              |
| 2        | GELCOAT                   |
| 3        | 3/4 oz CHOPPED STRAND MAT |
| 4        | 7725 FIBER GLASS          |
| 5        | 7725 FIBER GLASS          |
| 6        | 7725 FIBER GLASS          |
| 7        | 7725 FIBER GLASS          |
| 8        | 7725 FIBER GLASS          |
| 9        | 7725 FIBER GLASS          |
| 10       | PRIMER                    |

## NOTES:

- 1) MATERIAL: SEE TABLE 3
- 2) FINISH: SEE TABLES 1, 2, & 3  
ACCEPTABLE TO COVER CRACKS IN GELCOAT BY APPLYING A LAYER OF PPG 6941241A 2C ACRYCOTE WHITE PAINT OVER GELCOAT
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 5.5- 7.5 lbs
- 8) LAMINATE PER DART QSI 006. LAMINATION SCHEDULE PER THIS DRAWING
- 9) LAYUP USING DT9871 MOLD. WET LAYUP WITH BAG/VACUUM
- 10) TRIM & DRILL PER DT9905. OPEN HOLES TO Ø0.257
- 11) CONSTRUCTION: SEE TABLES 1 & 2
- 12) MATTE TO HOLD DOWN CORNERS AS REQUIRED



## D2273 REAR LOCKER EXTENDER

TABLE 3

| MATERIAL USED     | DESCRIPTION                             |
|-------------------|-----------------------------------------|
| GELCOAT           | POLYCOR 2330PAWK745 (WHITE)             |
| FIBER GLASS MAT   | OWENS CORNING 3/4 oz CHOPPED STRAND MAT |
| FIBER GLASS CLOTH | HEXCEL 7725 FIBER GLASS                 |
| RESIN SYSTEM      | DION 7704                               |
| PRIMER            | TEMPO 4500-PB-23G (GREEN)               |

APR 12 2016

DAS  
13  
9-89

W/O: 144293

SEE TABLE 1

SEE TABLE 2

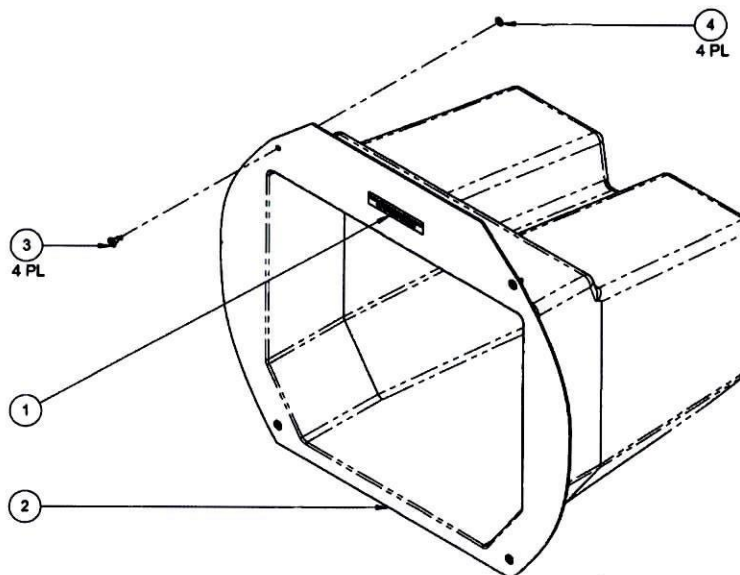
## SECTION A-A

|            |                                                                                                                |                                                                                                                                                                                                                                                                          |              |
|------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| L          | ADD PAINT OPTION (NCR 15-5408)                                                                                 | CP                                                                                                                                                                                                                                                                       | 15.10.19     |
| K          | LAYUP AND MATL PER FDC COMPOSITES PROCESS                                                                      | CP                                                                                                                                                                                                                                                                       | 15.03.12     |
| J          | CHANGED GELCOAT TO 4314-001 DURA FR WHITE                                                                      | ML                                                                                                                                                                                                                                                                       | 13.12.10     |
| I          | CHANGE GELCOAT TO POLYCOR 2330PAWK745                                                                          | SFM                                                                                                                                                                                                                                                                      | 13.08.13     |
| H          | CHANGE MATERIAL & MANUFACTURING PROCESS                                                                        | DC                                                                                                                                                                                                                                                                       | 13.03.15     |
| G          | ADD MANUFACTURING OPTION B, ZN B5-1                                                                            | DC                                                                                                                                                                                                                                                                       | 12.08.08     |
| F          | PRIMER LE 3404-SLE 1175-S WAS 1144-S, ZN A6-1                                                                  | DC                                                                                                                                                                                                                                                                       | 12.02.27     |
| E          | CHANGED SURFACE FINISH FROM 944W005 GELCOAT TO 2330PAWK745 GELCOAT, ZN A7-1. UPDATED DWG TO CURRENT STANDARDS. | DC                                                                                                                                                                                                                                                                       | 12.02.02     |
| D          | REMOVE EPOCAST, ADD SURFACE FINISH                                                                             | CP                                                                                                                                                                                                                                                                       | 02.04.01     |
| C          | CLARIFY MATERIAL, LAYUP, AND TOOLING                                                                           | RF                                                                                                                                                                                                                                                                       | 02.01.30     |
| B          | RE-DRAWN                                                                                                       | MM                                                                                                                                                                                                                                                                       | 96.05.27     |
| REV.       | DESCRIPTION                                                                                                    | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | JB                                                                                                             | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                        |              |
| DRAWN      | CP                                                                                                             |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AP                                                                                                             | DRAWING NO.                                                                                                                                                                                                                                                              | REV. L       |
| MFG. APPR. | JLM                                                                                                            | D2273                                                                                                                                                                                                                                                                    | SHEET 1 OF 1 |
| APPROVED   | WM                                                                                                             | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | DS                                                                                                             | 350 REAR LOCKER EXTENDER                                                                                                                                                                                                                                                 | NTS          |
| DATE       | 15.10.19                                                                                                       | COPYRIGHT © 1996 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

RELEASED  
2015-11-03  
EN 15-637

APPROVED

| ITEM NO. | QTY. | PART NUMBER  | DESCRIPTION                   |
|----------|------|--------------|-------------------------------|
|          | X    | D350-604-041 | REAR LOCKER EXTENDER ASSEMBLY |
| 1        | 1    | D2268        | PLACARD                       |
| 2        | 1    | D2273        | REAR LOCKER EXTENDER          |
| 3        | 4    | 2600-6       | CAMLOCK STUD                  |
| 4        | 4    | 2600-LW      | RETAINING WASHER              |



**D350-604-041 REAR LOCKER EXTENDER ASSEMBLY**

- NOTES:
- 1) MATERIAL: N/A
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: NONE
  - 7) WEIGHT: 5.5 to 7.5 lbs
  - 8) INSTALL D2268 PLACARD IN LOCATION SHOWN, CENTERED ON FLANGE

| C          | REMOVE D2728-1, D2729-1 DECALS (ZN C5-1)<br>REVISED RELATED NOTES, UPDATED PART WEIGHT                                                            | ML                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13.12.16 |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| B          | INCORPORATE DSI 9470 (ZN D7-1), UPDATE DWG TO<br>CURRENT STANDARDS. ADD D2728-1 PLACARD AND<br>ORIENTATION NOTE (ZN C3-1). ADD D2729-1 (ZN C5-1). | DC                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12.02.07 |
| A          | NEW ISSUE                                                                                                                                         | CP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 02.04.01 |
| REV.       | DESCRIPTION                                                                                                                                       | BY                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE     |
| DESIGN     | DW                                                                                                                                                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br><br>DRAWING NO. <b>D350-604-041</b> REV. C<br>SHEET 1 OF 1<br>TITLE <b>RLE ASSY</b> SCALE NTS<br><small>COPYRIGHT © 2002 BY DART AEROSPACE LTD<br/> THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE UNDERSTANDING THAT IT IS<br/> NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/> WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |          |
| DRAWN      | ML                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| CHECKED    | AP                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| MFG. APPR. | JLM                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| APPROVED   | MP                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| DE APPR.   | DS                                                                                                                                                | DATE <b>14.01.02</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |          |





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID **PO52014**

Purchase Order Date 4/12/2016

PO Print Date 4/12/2016

Page Number 3 of 5

**Order From :**

VC-FDC01

**Ship To :** DART AEROSPACE LTD

FDC COMPOSITES INC.  
45 CHEMIN DE L'AEROPORT  
LOCAL 26  
ST-JEAN-SUR-RICHELIEU, QUEBEC J3B 7B5

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

450-357-1344 ext303

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

**Ship Acct:**

**Buyer**

**Customer POID**

**Customer Tax #**

**Terms**

**Currency**

**FOB**

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

**Line Total:**

\$835.00

7 D350-604-041P

Rear Locker Extender

8/31/2016

Yes

8/31/2016

1.00

Each

\$835.00

\$835.00

AS PER DWG.D2273 REV.L  
B144293

8016-9-27

**Line Total:**

\$835.00

8 D350-604-041P

Rear Locker Extender

8/31/2016

Yes

8/31/2016

1.00

Each

\$835.00

\$835.00

AS PER DWG.D2273 REV.L  
B144294

**Line Total:**

\$835.00

9 D350-604-041P

Rear Locker Extender

8/31/2016

Yes

8/31/2016

1.00

Each

\$835.00

\$835.00

AS PER DWG.D2273 REV.L  
B144295

**Note:**

4/12/2016

FDC Composites inc.  
45, Chemin de L'Aéroport  
Local 26  
Saint-Jean-sur-Richelieu (QC)  
J3B 7B5  
Tél.: 450 357-1344

Bon de livraison 02/06/2016

Commande : 2463  
Référence : PO #32014/1-10

Client : Dart

DART AEROSPACE  
1270 Aberdeen Street  
Hawksbury, ON  
K6A 1K7

Expédier à  
DART AEROSPACE LTD  
1270 Aberdeen Street  
Hawksbury, ON  
K6A 1K7  
Tél.: 1 613 632-9577

| No item         | Description                                                                                                    | Qté        | Qté livrée | Qté B/O |
|-----------------|----------------------------------------------------------------------------------------------------------------|------------|------------|---------|
|                 | Lot: 2016-05-25, DAE001-094<br>As per DWG.D2273 Rev .L<br>B144292                                              |            |            |         |
| D350-604-041P ✓ | REAR LOCKER EXTENDER<br>PO item: 32014/7<br>Lot: 2016-06-02, DAE001-105<br>As per DWG.D2273 Rev .L<br>B144293  | 1          | 1          | 0       |
|                 |                                                                                                                | Sp 16 9-27 |            |         |
| D350-604-041P   | REAR LOCKER EXTENDER<br>PO item: 32014/8<br>Lot: 2016-06-19, DAE001-090<br>As per DWG.D2273 Rev .L<br>B144294  | 1          | 1          | 0       |
| D350-604-041P   | REAR LOCKER EXTENDER<br>PO item: 32014/9<br>Lot: 2016-05-19, DAE001-088<br>As per DWG.D2273 Rev .L<br>B144295  | 1          | 1          | 0       |
| D350-604-041P   | REAR LOCKER EXTENDER<br>PO item: 32014/10<br>Lot: 2016-05-25, DAE001-095<br>As per DWG.D2273 Rev .L<br>B144296 | 0          | 1          | 0       |

Page : 2

Transport : \_\_\_\_\_  
Nb colis : \_\_\_\_\_  
Marchandise reçue : \_\_\_\_\_

Réf. : \_\_\_\_\_

## CERTIFICATE of CONFORMITY

Customer Name: Dart Aerospace.

Customer P/O Number: 32014

Rev. NC

| <u>PO Item</u> | <u>Qty</u> | <u>Part number</u> | <u>Dwg number</u> | <u>Description</u>       | <u>Dart ID</u> | <u>FDC ID</u> | <u>Lot</u> |
|----------------|------------|--------------------|-------------------|--------------------------|----------------|---------------|------------|
| 1              | 1          | D350-604-041P      | D2273 Rev L       | 350 Rear Locker Extender | B144287        | DAE001-104    | 2016-06-02 |
| 3              | 1          | D350-604-041P      | D2273 Rev L       | 350 Rear Locker Extender | B144289        | DAE001-099    | 2016-05-30 |
| 7              | 1          | D350-604-041P      | D2273 Rev L       | 350 Rear Locker Extender | B144293        | DAE001-105    | 2016-06-02 |
| 8              | 1          | D350-604-041P      | D2273 Rev L       | 350 Rear Locker Extender | B144294        | DAE001-090    | 2016-06-19 |
| 9              | 1          | D350-604-041P      | D2273 Rev L       | 350 Rear Locker Extender | B144295        | DAE001-088    | 2016-05-19 |

NOTE : Paint process : interior surface re-painting as specified on Darts's PO by sanding gelcoat to remove cracks and application of PPG 6941241A 2C Acrycote White paint Lot 01516. Catalyst was PPG 794002 2C Acrycote Lot 98841.

Catalysed PPG acrycote paint complies with FAR 25.853 Appendix F Part I (b)-Par.4 (Vertical Test 60 seconds).

I hereby certify that the workmanship, material and the processes used in the manufacture of the above part(s) supplied are in accordance with the requirements of the applicable Purchase Order.

Signature: Karim Malihy  
Karim Malihy, B Eng, Quality Manager

Date: 2016 sept 22